|  |  |  |
| --- | --- | --- |
|   | 625 S Pear Orchard Ridgeland, MS 39157Phone: 769-233-8484 Fax: 769-233-8051 | MigraineEnrollment Form |
| **Patient Information** | **Prescriber Information** |
| Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Prescriber Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | NPI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Gender: 🞎 Male 🞎 Female Last 4 of SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Insurance Information** (Please fax a copy of patient’s card including front and back) |
| **Medical Information** (Please attach clinical notes) |
| 🞎 G43 Migraine 🞎 \_\_\_\_\_ Migraine | Weight: \_\_\_\_\_\_\_\_ lb Height:\_\_\_\_\_\_\_ in |
| 🞎 Other ICD-10 code\_\_\_\_\_\_\_\_\_ Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Prescription Information** |  |
| **Medication** | **Dose/ Strength** | **Directions** | **Other** | **Repeat** |
| 🞎 Benadryl® | 50mg/ml vial | 🞎 25mg IV OTO🞏 50mg IV OTO |  |  |
| 🞎 CaffeineNa Benzoate | 500mg/ 2ml vial | 🞏 500mg IV OTO |  |  |
| 🞎 Compazine® | 10mg/ml 2ml vial | 🞎 10mg IV OTO |  |  |
| 🞎 Decadron® | 4mg/ml vial | 🞎 4mg IV OTO🞎 8mg IV OTO🞎 12mg IV OTO |   |  |
| 🞎 Depacon® | 500mg/ml 5ml vial | 🞎 500mg IV OTO🞏 1000mg IV OTO |  |  |
| 🞎 DHE 45® | 1mg/ml vial | 🞎 0.5mg IV OTO🞎 1mg IV OTO |  |  |
| 🞎 Magnesium Sulfate | 0.5gm/ml 10ml vial | 🞎 500mg IV OTO🞎 1000mg IV OTO |  |  |
| 🞎 Reglan® | 5mg/ml 2ml vial | 🞎 10mg IV OTO |   |  |
| 🞎 Robaxin® | 100mg/ml 10ml vial | 🞎 500mg IV OTO🞎 750mg IV OTO |  |  |
| 🞎 Solu-Medrol® | 125mg/ml vial | 🞎 125mg IV OTO  |   |  |
| 🞎 Toradol® | 30mg/ml vial | 🞏 30mg IV OTO |  |  |
| 🞏 NS 0.9% |  | 🞏 250ml IV OTO🞏 500ml IV OTO🞏 1000ml IV OTO |  |  |
| 🞎 Other |  |  |  |  |
| Saline flush | 0.9% 10ml | Flush line per SAS |  |  |
| Prescriber’s Signature: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Product Substitution Permitted Date Dispense as Written Date  |